

03560.002263.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
:)
NAOHIRO YOSHIKAWA)
:)
Application No.: 10/625,673)
:)
Filed: July 24, 2003)
:)
For: PRINTING APPARATUS,) November 19, 2003
PRINTING METHOD, STORAGE :
MEDIUM IN WHICH PROGRAM)
CODE IMPLEMENTING THE :
SAME METHOD IS STORED,)
AND INFORMATION :
PROCESSING APPARATUS)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination, please amend the above-identified application as follows:

11/24/2003 MHEKOWEN 00000077 10625673

01 FC:1201

258.00 OP



In re Application of:

NAOHIRO YOSHIKAWA

Application No.: 10/625,673

Filed: July 24, 2003

Docket No. 03560.002263.1

For: PRINTING APPARATUS, PRINTING METHOD,
STORAGE MEDIUM IN WHICH PROGRAM
CODE IMPLEMENTING THE SAME METHOD
IS STORED, AND INFORMATION PROCESSING
APPARATUS

Date: November 19, 2003

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	* 9	MINUS	*** 6	= 3	x \$43 \$86	\$ 258.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 258.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$258.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 50,957

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